

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/508804 FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* <u>D</u>		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							<del>52</del>						
3							<del>53</del>						
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58	/					
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10							<del>60</del>						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					<u>3</u>		TOTAL IND.						
TOTAL DEP.					<u>21</u>		TOTAL DEP.						
TOTAL CLAIMS					<u>24</u>		TOTAL CLAIMS						